



State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/13/2014

Business ID: 368401

William M. Gardner

Secretary of State

SEC INTERNATIONAL HOLDING COMPANY II, L.L.C.

% AVNET, INC., 2211 SOUTH 47TH STREET
PHOENIX, AZ 85034

ADDRESS OF PRINCIPAL OFFICE:

% AVNET, INC., 2211 SOUTH 47TH STREET
PHOENIX, AZ 85034

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM
9 CAPITOL STREET
CONCORD, NH 03301

ENTITY TYPE: LLC

BUSINESS ID: 368401

STATE OF DOMICILE: NEW HAMPSHIRE

ACT AS A HOLDING COMPANY & CONVERTING INTERESTS IN
OTHER ENTITIES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **Michael R. McCoy**
STREET **% Avnet, Inc.**
2211 South 47th Street
CITY/STATE/ZIP **Phoenix Az 85034**

MANA. **Kevin M. Moriarty**

STREET **% Avnet, Inc.**
2211 South 47th Street
CITY/STATE/ZIP **Phoenix AZ 85034**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. **Avnet, Inc.**
STREET **2211 South 47th Street**
CITY/STATE/ZIP **Phoenix Az 85034**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Michael R. McCoy

Please print name and title of signer:

Michael R. McCoy

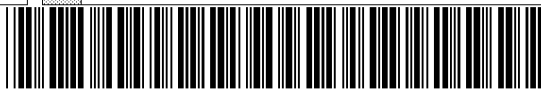
NAME

/ MANAGER

TITLE

FEE DUE: **\$100.00**

E-MAIL ADDRESS (OPTIONAL):



036840120141000

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301